



DATE: ____ / ____ / ____

APPLICATION FOR ELEVATOR CERTIFICATE

401 Lafayette Street, Williamsburg, Virginia 23185-3617, (757) 220-6136, Fax (757) 220-6109

CITY OF WILLIAMSBURG

OFFICE HOURS 8:00 AM - 4:30 PM

STREET ADDRESS: _____

APPLICANT: OWNER ____ INSPECTOR ____ OTHER ____

INSPECTION AGENT: _____

ADDRESS: _____

ZIP CODE: _____

PHONE: _____

INSPECTOR: _____

CERTIFICATION ON FILE: YES ____ NO ____

NUMBER AND IDENTIFICATION OF DEVICES:

PASSENGER ELEVATORS
IDENTIFICATION (i.e., Elevator 1, Elevator 2) __________
FREIGHT ELEVATORS
IDENTIFICATION: __________
OTHER DEVICES (ESCALATORS, DUMB WAITERS)
IDENTIFICATION: _____

WORK BEING PERFORMED ON A: NEW ____ EXISTING ____ ELEVATOR/ESCALATOR

BRIEF DESCRIPTION OF DEVICES INSPECTED: _____

APPLICANT SIGNATURE: _____

PRINTED NAME: _____

DATE: ____ / ____ / ____

FOR OFFICE USE ONLY

____ APPROVED ____ DISAPPROVED

COMMENTS: _____

DATE CERTIFICATE ISSUED: ____ / ____ / ____

APPROVED BY: _____ DATE: ____ / ____ / ____